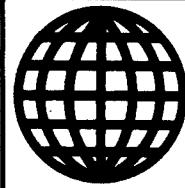


JPRS-TEP-89-013  
19 JULY 1989



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# ***JPRS Report***

# **Epidemiology**

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# Epidemiology

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KENYA

**Official Reveals Increase in AIDS Rate**  
54000082a Nairobi DAILY NATION in English  
21 Apr 89 p 3

[Article by Evans Kanini]

[Text] There are over 5,000 confirmed cases of AIDS in Kenya today, the Minister of Health, Mr. Mwai Kibaki, said yesterday.

In a speech read on his behalf by the senior deputy director of medical services, Dr Frank Mueke, the Minister warned that if appropriate measures were not taken to curb the spread of the dreaded malady, "the number of AIDS patients and its carriers, would be frighteningly high". Mr Kibaki was officially opening the 17th Annual Scientific Conference at Sirikwa Hotel, Eldoret. The three-day symposium aimed at deliberating upon ways of combating the AIDS scourge, was organised by the Kenya Medical Association.

The theme of the symposium, which had drawn 200 participants including doctors and nurses from all over the country, is "AIDS and skin diseases".

Among those attending the seminar were the national chairman of the Kenya Medical Association, Dr J. A. Oluoch, and its co-ordination, Dr Z. Gaya.

The Minister told the participants that although a vaccine for AIDS was not available, "education was the key to AIDS prevention and control.

"AIDS prevention and control will require a sustained long-term commitment which must be integrated into the national health programme", Mr Kibaki said.

Mr Kibaki told the workshop that the plan to prevent and control the menace should work towards the prevention of AIDS virus transmission, taking care of AIDS-infected victims and unifying national and international efforts against the feared disease.

The Minister urged KMA's personnel to diversify their efforts of controlling AIDS in the rural areas.

"It is in the rural areas that I urge you to identify ways and means of taking medical science and technology as well as expertise as it is there where the majority of people with health problems lived", Mr Kibaki said.

This approach, he said, would be in keeping with the Government's programme of the district focus for rural development.

NIGERIA

**653,495 Guinea Worm Cases in 5,872 Villages**  
54000088 Kaduna NEW NIGERIAN in English  
28 May 89 p 16

[Text] Nigeria has more persons suffering from guinea worm than any other country in the world, Global 2000, a private organisation for eradication of the disease by 1995 has said.

The organisation set up by former US President Jimmy Carter to "assist in the development of self-sufficiency in food production and improved health standards throughout the world," said a total of 653,495 cases of guinea worm Dracunculiasis, were found in 5,872 villages in 212 local government areas.

A statement by the organisation said a national plan of action for the eradication of guinea worm by 1995 was presented at a recent conference and priority is being laid on rural water supply projects in the affected areas.

The statement said guinea worm infects more than 10 million people each year in developing countries and its debilitating effects have crippled and maimed thousands.

More serious it said is the dramatic reduction of agricultural production in endemic areas where it disabled infected adults for between 30 and 100 days each year.

Global 2000 said the disease is endemic in two Asian and 19 African countries.

"In Africa, the disease is found in an endemic band between the Sahara Desert and the Equator, from Mauritania and Senegal in the west, to Ethiopia and Sudan in the east."

It said in Burkina Faso, Ghana and Nigeria the disease occurred on a nation-wide scale but said about 6,000 Nigerians have so far been trained by Global 2000 to identify specific areas it was more endemic.

The organisation has its headquarters at the Carter Presidential Centre, Atlanta, Georgia and is doing similar eradication work in Ghana and Pakistan as is funded by the Bank of Credit and Commerce International, BCCI.

"Target 1995: Global Eradication of Guinea Worm" will be launched in Lagos on July 30 and 31 by ex-President Jimmy Carter who will deliver a keynote address.

## SOUTH AFRICA

### AIDS Increasing Among Heterosexual Blacks

54000089b Johannesburg *SOWETAN* in English  
26 May 89 p 27

[Text] Analysis of data on AIDS cases reported to the advisory group on AIDS revealed an increase among heterosexuals, predominantly in the black community.

The director of the AIDS Virus Research Unit of the Medical Research Council, Prof Barry Schoub, said at a news conference in Johannesburg statistics gained from sexually transmitted disease clinics here had shown that between 0.6 percent and one percent of white males attending STD [expansion unknown] clinics during the last 18 months were HIV-positive.

This is in contrast with the 1.14 percent of black females and 0.87 percent of black males at STD clinics being tested HIV-positive.

#### Clinics

Similarly, among black female attendants of family planning clinics, 0.40 percent were positive.

Prof Schoub said as yet there was not enough knowledge about the AIDS virus to be able to design an effective vaccine.

At the same news conference, the director of the Emergent Pathogen Research Unit of the MRC [Medical Research Council], Prof Hendrik Koornhof, said gastroenteritis, which manifests itself as acute diarrhoea, is the most common cause of death in developing countries.

#### Children

He said some 200 million people suffer from it on any given day of the year, and approximately 5 million infants and children in developing countries die annually of diarrhoeal disease.

Among coloured and Black children in South Africa, gastroenteritis is also the leading cause of death, while other important intestinal infections in South Africa include typhoid fever, dysentery and cholera.

### AIDS: Insurers To Tighten Restrictions

54000089a Johannesburg *FINANCIAL MAIL*  
in English 2 Jun 89 pp 41-42

[Text] Insurers, fearing a growing number of AIDS cases, are beginning to tighten restrictions. Last month, Southern Life eliminated the industry-wide R200,000 threshold for exclusion clauses and began omitting AIDS coverage from all new life insurance policies, unless the applicant submits to a blood test.

Sanlam kept a threshold but cut it. For people applying for term and certain other life insurance worth more than R100,000, Sanlam now requires a blood test unless the applicant forgoes AIDS coverage.

Federated, however, has raised the threshold by R1,000, says Dave Goelst, assistant GM, life administration. This allows someone to apply for coverage of R200,000 (a round sum) without undergoing the test.

Others have made small adjustments to the rule adopted by insurers at a meeting of the Life Offices' Association last October. Under the rule, new policyholders with R200,000 or more in coverage are not covered for AIDS without a negative blood test.

Some companies have limitation clauses instead of exclusion clauses. Rather than excluding AIDS coverage on new policies, Commercial Union will limit the payout on AIDS deaths to eight times the annual premium, no matter how high the coverage.

At least one other is also considering changing its AIDS policy. African Life said more than a year ago it would introduce AIDS clauses for most new policies, then backed off. It's changing its mind again.

"We have had a rethink," said MD Bill Jack. "We'll probably do something, but with reluctance. In a normal life insurance policy the only exclusion is suicide. Why should you pick out AIDS over any other disease?"

"But the potential growth in numbers scares us. If everybody else takes that route (tougher AIDS rules) and you don't, all the people who have the disease come to you."

Only a few have died of AIDS in SA—115 by 14 April, the latest figure available—but thousands are believed to be infected and the disease continues to spread rapidly.

However, the clauses don't protect insurers in the event of an epidemic because a new policyholder who's passed the blood test stays insured even if he later gets the disease.

"Companies are trying to protect themselves," says Douglas Keir, GM and actuary at Swiss SA Reinsurance, "from someone having a test, finding he's HIV positive, and going out to buy a lot of insurance."

### Blacks Targeted in New AIDS Campaign

54000084 Johannesburg *BUSINESS DAY* in English  
15 May 89 p 7

[Article by Dianna Games]

[Text] The pre-planning for government's next AIDS campaign would take into account the communication problems caused by the cultural and traditional mores of black society, a campaign spokesman said.

Government has set aside more than R5m for AIDS this year, including an AIDS education campaign and information and training centres.

Government is apparently aware of the difficulties of educating people about a complex disease in a country containing a multiplicity of cultures.

Officials dealing with AIDS appear sensitive to criticism that a lack of proper consultation, particularly of representatives of the black community, could mean money is wasted.

The advertising agency in charge of the campaign—McCanns—said the last campaign met its objective of heightening AIDS awareness, and this year it would be looking more at factual, in-depth information.

#### Suspicion

A survey showed last year's R3.2m campaign had increased awareness of both blacks and whites about how AIDS was spread. But 30 percent of black respondents remained suspicious of condoms.

Joh Groenewald, spokesman for the proposed campaign, said it would continue to promote the medical message about the use of condoms and behavioural changes, as they were the only effective ways of stopping the spread of AIDS.

Factors which militate against acceptance of the medical message on AIDS, particularly among uneducated illiterate people, include:

- Suspicion related to the fact that it was whites who were dictating how people should behave;
- The complicated medical terminology and concepts involved in the explanation of AIDS and the HIV virus;
- The symptoms and cause of AIDS not being related to the sexual act or organs; and
- The long incubation—Up to 10 years—from the time of infection, which further confused the link between sex and death.

Dawn Mokhobo, a Bophuthatswana PRO specialising in AIDS and a critic of the effectiveness of last year's awareness campaign, said the different strata of South African society often had different perceptions of sex, polygamy and marriage which had to be addressed meaningfully.

Government's last campaign was "very much a white campaign," she said. "I still don't believe enough is being done. We must act rather than waiting for shock statistics to persuade people."

Dr Brian Brink, of the Ernest Oppenheimer Hospital in Welkom, formerly co-ordinator of the Chamber of Mines AIDS programme, said: "Even with education, I don't think people really believe there's a problem."

The Chamber is drawing up a report on the effectiveness of its campaign so far, with a view to re-evaluating it. A spokesman said indications were that it had been successful in raising awareness, but its real effectiveness was still being looked at.

Brink said: "It's very easy to criticise education campaigns, but very difficult to do them. You are trying to sell concepts not known or understood by the target audience and thus are starting from a losing position."

Reducing the risk of all sexually transmitted diseases, which were known and understood by most people, would reduce the AIDS risk.

A return to family life was also crucial, and although the migrant labour system had been criticised for disrupting this it was too simple to blame it, as the disease was being swept down through Africa, he said.

Professor Ruben Sher, head of the SA Institute of Medical Research's AIDS Information and Training Centre, believed there was progress in removing the educational stumbling block of cultural mores.

One of the most important was the SAIMR's work with traditional healers. Sher said these healers were usually the first to come into contact with AIDS cases, which made them an important link to medical science.

Two major problems in educating people were illiteracy and language barriers. AIDS had become a politicised disease in SA, with a communications problem caused by black suspicion of the fact that white people were dictating the solutions.

"It's hard to say to people that, if they have sex with someone now, they may die from pneumonia in 10 years' time. I don't think anyone knows what the correct approach is."

#### Targets

Sher believed women and children should be the main targets of education; women because of their role in society and children because it was still possible to influence their sexual behaviour.

Lymon Msibi, head of the African Skilled Herbalist Association, said the black community should be consulted on any AIDS campaign, as there were ways of spreading the message white people would not know.

Msibi said that when talking to people about AIDS, he would, for example, use "Lumbo," a witchdoctor's curse used on people for wrongdoings, including sexual indiscretion, which induced symptoms similar to AIDS—dementia and massive weight loss.

This would counteract ignorance on the part of people not sophisticated enough to understand medical science. He had spoken of this to medical doctors, who he felt had not taken him seriously.

He did not believe promoting the use of condoms would be effective in the black community and education should rather aim at changing behaviour through fear.

Pip Erasmus, of the SA Traditional Healers' Council, said educational campaigns should look to addressing traditional or ancestral beliefs as a form of effective persuasion, even though most healers realised that they could not deal with the AIDS problem without modern science.

He said healers had an important role in helping curb AIDS. There were 80,000 healers in the Vaal Triangle alone. "Government could have given a lot more thought to its last campaign," Erasmus said.

## UGANDA

**Official Explains Increase in AIDS Rate**  
54000082b Nairobi *DAILY NATION* in English  
18 Apr 89 p 2

[Text] The head of Uganda's AIDS control programme says 8,000 Ugandans are infected with the virus and that almost all the cases were heterosexually transmitted, THE STAR reported today.

Dr Sam Okware, speaking at a weekend seminar on occupational health in industry, said AIDS victims primarily were concentrated in urban centre and along the transnational highway through Uganda connecting Kenya to the east with Zaire to the west.

"Heterosexual transmission accounts for over 90 percent of the cases while mother to child infection accounts for about 10 per cent," Mr Okware told participants at the seminar organised by the Federation of Uganda employers.

**Endemic Diseases Drop Sharply in Hebei**  
*OW1206061289 Beijing XINHUA in English*  
*0158 GMT 12 Jun 89*

[Text] The occurrence of endemic diseases, which threaten the health of 43 percent of the 53 million people in Hebei Province, has dropped sharply in recent years.

Such diseases include fluorosis, goiter, Keshan disease, brucellosis, osteoarthritis, and plague.

To combat fluorosis, local governments, collectives, and villagers have pooled their funds and efforts to drill deeper wells and divert purer water from rivers.

The province supplies iodine salt to all people, while the epidemic prevention departments offer potassium iodine and iodized oil to people in areas with a high occurrence of endemic goiter, which is caused by lack of iodine.

The incidence of brucellosis has been reduced by 60 percent since 1984, while 80 percent of the province's counties have controlled the disease.

Keshan disease, osteoarthritis, and plague have been brought under control.

In addition, local governments have organized publicity through exhibitions and video displays, and trained over 2,000 people in control of endemic diseases.

## MALAYSIA

**Report on AIDS-Related Cases**  
54004317 Jakarta ANTARA NEWS BULLETIN in English 11 Jun 89 p B-1

### 37 AIDS-Related Cases Detected Through May

[Text] Malaysia has detected 37 AIDS-related cases in the country as of May 31, a senior Health Ministry official said Saturday.

Ting Chew Peh, Parliamentary Secretary to the Health Ministry, said six of the eight confirmed sufferers of acquired immune deficiency syndrome (AIDS) had died.

The other cases on record are 25 people who have tested positive for antibodies of the human immunodeficiency virus including 12 haemophiliacs, as well as four suspected AIDS cases.

He said that although the figures are small, precautionary measures were being stepped up as the numbers of AIDS victims in neighbouring countries were reported to be on the rise.

Dr. Ting said the government had also stepped up its campaign to educate the public on the disease.

"The government has also distributed one million posters, pamphlets and booklets in four languages on AIDS to the public and travellers.

"It is also planning a campaign against other AIDS high-risk groups, including patients suffering from sexually transmitted diseases, prisoners, and homosexuals.

## PHILIPPINES

**Epidemic Kills 61 Evacuees in South**  
HK1206091789 Hong Kong AFP in English 0854 GMT 12 Jun 89

[Text] Sixty-one people have died in an epidemic which swept two centers for evacuees who fled fighting between security forces and communist guerrillas in the south, officials said Monday.

The evacuees, mostly upland Subanon tribesmen, died of measles, cholera and other gastric ailments after heavy fighting forced residents of three villages to seek refuge in the towns of Siayan and Jose Dalman, provincial health officer Carmencita Icao said.

Contaminated drinking water and unsanitary conditions at the evacuation centers could have sparked the epidemic, she told reporters in this nearby southern city.

She said heavy rains hampered the dispatch of doctors, medical supplies and equipment to the areas.

## SINGAPORE

**Health Ministry Reports Eighth AIDS Death**  
BK2406131489 Hong Kong AFP in English 1302 GMT 24 Jun 89

[Text] A 29-year-old Singaporean man has died of AIDS, the state-run media reported, bringing the total number of deaths here from the virus to eight.

The Singapore Broadcasting Corporation, quoting a Ministry of Health announcement, said the victim was infected four years ago while studying overseas. No other details were given.

Last month, the ministry reported four new cases of acquired immune deficiency syndrome—three locals and one foreigner—bringing the total number of people here known to be carrying AIDS or suffering symptoms to 38.

## THAILAND

**Total Number of AIDS Cases Reported**  
BK2006010389 Bangkok BANGKOK POST in English 20 Jun 89 p 2

[Excerpts] More than 7,500 people in Thailand have contracted the deadly AIDS virus with new cases being detected every two weeks, Public Health Deputy Permanent Secretary Hathai Chittanon said yesterday.

Speaking to some 100 participants at a meeting of gay bar owners in Bangkok, Dr Hathai said he believed the number of people carrying the AIDS virus was much higher than recorded since many had not been tested at hospitals or private clinics. [passage omitted]

Out of some 800 entertainment places in Bangkok, about 60 are exclusively for gays.

## VIETNAM

**Radio Reports Insect Infestation in Thanh Hoa**  
BK2705145489 Hanoi Domestic Service in Vietnamese 1100 GMT 25 May 89

[Text] Since early May, insects and diseases harmful to rice have developed rapidly in Thanh Hoa. To date, more than 34,000 hectares of 5th-month spring rice in the province have been affected by insects or diseases. Brown planthoppers alone have developed and spread swiftly to 15,000 hectares of this rice, a two-fold increase over the same period last year.

Faced with this situation, many localities in Thanh Hoa have dispatched all available manpower to the ricefields for the control and elimination of insects and diseases. Quang Xuong District has mobilized more than 90 percent of its cadres to various grass-roots units to guide or join them in combating brown planthoppers. Many villages in the district have also sent tens of thousands of laborers to the ricefields to control rice blast and stamp out ground beetles, thus successfully curtailing losses of 5th-month spring rice.

## HUNGARY

### AIDS Cases, Testing, Shortcomings Disclosed 54003006 Budapest NEPSZAVA in Hungarian 5 May 89 p 4

[Article by "lukacs": "AIDS and the Sense of Danger: Mandatory Reporting; Homosexuals Must Not Donate Blood; Chief Purpose: to Slow Down the Epidemic; Anyone Could be Positive"]

[Text] We are familiar with the tip of the iceberg only, according to the statement of National Public Health Institute [OKI] deputy director Professor Istvan Domok at an AIDS briefing not long ago. The World Health Organization's [WHO] year-end data show that in 145 countries there were 140,443 reported AIDS cases. Since then this figure has increased by a few thousands. According to estimates the actual number could be 377,000, of which Africa had most. The number of infected (HIV positive) persons is estimated at 2.5 million in Africa, 2 million in America, 50,000 in Asia and approximately 500,000 in Europe. Based on forecasts, the WHO is counting on a total of 1.1 million reported cases by 1991.

It is known that AIDS cases are subject to mandatory reporting in Hungary since September 1985. The first case was discovered in December 1986. In 1987 there were 7 cases, and 17 cases in 1988. This confirms that the doubling rate experienced worldwide also applies in Hungary, despite the small number of cases. In the course of two years the number of positive test results found increased from 107 to 179 cases. Two thirds of the Hungarian patients—109 out of the 179 total—are homosexual or bisexual men, and 15.6 percent are hemophiliacs.

Since it is known that in addition to sexual intercourse AIDS is also spread through blood [contamination], thus far 1.7 million blood tests were performed on samples provided by blood donors. These tests yielded the discovery of 11 infected persons. All were homosexuals, which means that announcements to endangered persons not to donate blood were ineffective. In more accurate terms, unfortunately, there are people who use the means of donating blood to find out whether they are possibly infected, even though there are opportunities to do so at every venereal disease clinic as well as elsewhere. We have nothing to be ashamed of relative to our blood testing facilities, there are 142 places, which, together with the laboratories of the Haematological and Blood Transfusion Institute represents a good ratio even on a world-wide scale.

The number of persons requesting to be tested is less assuring, even though the purpose of such testing would be to discover cases and to prevent the spread of infection. But on the basis of the presently available ratio the real frequency of infections cannot be established.

It is odd that the AIDS testing of blood drawn for other purposes still presents a problem. This is, even though the WHO recommends such testing, a violation of the (perceived) right to privacy which presents a dilemma. The question is, what comes first: the somewhat optimistic viewpoint of the individual, or the slowing down of the epidemic.

It is certain that the latter comes first. But there still are countless traps even if this becomes possible. According to OKI's 1988 assessment, the handling of blood, the reuse and sterilization of instruments contaminated with blood in health care facilities is far from reassuring. Protective clothing is inappropriate, and there is a shortage of rubber gloves. The available rubber gloves are of low quality. The fact that in some places they are still using the old, traditional method of drawing blood by mouth through a pipette is a shocking example of audacity.

This is so, even though every phase of treatment should be performed with the idea that any patient could test positively. But this poses a threat only if mandatory rules of hygiene are neglected.

All this emphatically underscores the significance of a multi-level educational effort, which, it seems, is not sufficient if it begins in schools only. The problem cannot be solved solely by the very important use of condoms. (As to the latter: Medical students took a laudable part in propagating this preventive means.) It is odd that a sense of danger and an inclination to protect oneself against a disease that is tougher than anything known before, has not yet developed in society.

But society is not at fault in this regard.

### Alcoholism, Hepatitis Double in 25 Years 54003007 Budapest NEPSZAVA in Hungarian 12 May 89 p 7

[Text] The Hungarian Gastroenterological Society's 31st meeting began on Thursday in Balatonaliga. The 4-day professional exchange of ideas was attended by 650 physicians, among them speakers and guests from 10 foreign countries.

Assessments show that alcohol consumption in Hungary has doubled during the past 25-year period. The number of hepatitis cases is in direct proportion to this increase.

This raises great concern that alcohol consumption is also on the rise among women, though the women's organization manifests increased sensitivity in this area. The damaging effects of intrauterine contraceptives on the liver deserve attention; this is not a frequent side effect, but used in conjunction with alcohol consumption there is great likelihood that such contraceptives are the cause of disease.

## POLAND

### AIDS in Poland: Focus on Treatment, Medicinal, Market Shortages

**Appeal for Medicines, Equipment**  
54000305 Warsaw *RZECZPOSPOLITA* in Polish  
13 Mar 89 p 6

[Article by Jota: "Monar's Appeal: The HIV Virus—A Hidden Enemy"]

[Text] The Anti-Drug Youth Movement has come out with an appeal regarding AIDS. This appeal was presented on the 10th of this month to the administrators of the health service.

In reality no one is able to give exact figures neither with respect to the situation in Poland nor in the world. On the basis of conducted studies and confirmed results, it is known that in our country of the more than 2 million persons that have been tested thus far for the presence of the HIV virus, 199 are serum positive. To date, 140,000 AIDS cases have been reported to the World Health Organization. It is estimated that there are already approximately 1,000 serum positive cases in our country whereas on a world-wide scale—from 5 to 10 million. The development of infections is occurring with geometric regularity. The first serum positive cases in our country among drug addicts were confirmed in August of last year. Up to the present time, more than 70 infections in this risk group have been found in the capital alone.

Theoretically, to date everyone was able to obtain basic information regarding the new threat. However, it turns out that our defenselessness against the disease does not lie only in the shortage of effective medicines and vaccines. The virus has allies in the form of: an enormous shortage of disposable hypodermic needles and syringes as well as other sanitary products; a shortage of protective gloves for health service workers who come in contact with biological substances such as blood, sperm, bodily secretions collected for testing; the lack of condoms which is a basic precautionary measure recommended in every sexual contact that carries with it the danger of infection; as well as a lack of good hygiene practices and sanitary rigor even in health service centers.

In the light of the existing threat, everything should be done so that the health industry will provide the health service with indispensable protective and disposable materials and products. If it is not able to do this in the immediate future, then we must find other means of eliminating the existing shortages. Many people exhibit an "ostrich" attitude. They think that by not admitting to themselves the existence of the threat, they can avoid it. Unfortunately, such is the case even with those who are the most at risk of exposure to the infection.

### Warsaw Patient Care, Problems

54000305 Warsaw *ZYCIE WARSZAWY* in Polish  
10 Mar 89 p 3

[Article by Katarzyna Nazarewicz: "Avalanche"]

[Text] Only officials' sleeves are resistant to AIDS in Poland. The HIV virus is not transmitted from desk to desk. People sitting behind these desks, responsible for our health, did not foresee that which was inevitable perhaps for that reason. AIDS has taken us by surprise. This incurable disease is already spreading in Poland.

It is spreading like an avalanche among the drug addicts of Warsaw. The treatment base set aside for the admission of potential AIDS carriers is totally unprepared. The example of the situation in which the Nowowiejski Hospital has found itself is a bitter illustration of AIDS in Poland in practice.

It seemed that the disease would affect others. Doctor Teresa Werezynska, head of ward VI which admits drug addicts for treatment, stopped having such misconceptions in August: "That is when my first patient received a positive result when tested for the possibility of being a carrier. Of my own initiative, I have tested the blood of patients since 1986. We were the first ward in the country where this was being done. Today, practically one-third of the drug addicts that come to me are 'positive.'" They infect others with the virus, although, a certain percentage of them will perhaps not come down with it. Our ward is not at all prepared to treat patients with infectious diseases. We arouse feelings of terror because we constitute a real threat to each other and to the rest of the hospital.

"'Ward VI' has acquired the status of a lepers' ward in a matter of several months. This is not because objectively AIDS evokes terror. The real terror is in the conditions in which the carriers of the untreatable disease are kept."

"Since August of 1988," states Dr Werezynska, "25 Warsaw drug addicts have been confirmed as positive carriers of the HIV virus. This was confirmed by 3 repeated tests. I know of 79 drug addicts with 'positive' test results but who have been tested once or twice which for a physician is unconfirmed, questionable information about whether someone is a carrier or not. Drug addicts interrupt their treatment when they learn about the suspicion and sometimes wish to be discharged from the ward for other reasons. We then cannot complete the testing and a suspicion remains. One thing is certain: this is a real epidemic."

"A patient with a definite positive test finding has to be discharged from the ward. The health service has no proposals for the AIDS carrier."

The Nowowiejski hospital which is affiliated with the Specialistic Psychiatric ZOZ [Health Protection Association] is old, neglected and underinvested as is the case

with nearly the entire psychiatric base in the country. There is no way that it can take on the role of a hospital for infectious diseases. Meanwhile, such a role has become fact.

There was no doubt that this was just a matter of time. For ward VI, the time came exactly one-half year ago.

Drug addicts come here for detoxification; for some, this is a step prior to treatment in a drug rehabilitation center. This is a small ward containing 10 beds. It is one of two for all of Warsaw.

It is cramped. One lavatory for the patients. One shower. There is a constant problem with water; the hospital's plumbing has been deteriorating for years. Utensils are washed under the faucet frequently in cold water. The toilet becomes clogged and is always dirty: after the patient is taken off drugs, he vomits, has diarrhea, etc. He perspires in bedding which no one disinfects and cries tears which also contain viruses. Everything that he secretes is potentially infectious.

Dirty laundry from all the wards including ward VI is sent to the municipal laundry. The Nowowiejski hospital does not have its own. The aprons of nurses and laboratory technicians who prepare patients' blood for analyses are also sent there without being disinfected in disinfecting fluid. There is not one scalding water machine [wyparzaczka] in the entire hospital. Therefore, there is no possibility of effectively disinfecting vessels and utensils. The HIV virus is destroyed in temperatures above 60 degrees [Celsius].

In accordance with psychiatric regional zoning, the Nowowiejski hospital has approximately 600,000 people under its care. It is always overcrowded.

Drug addicts wait in line to be admitted to ward VI.

However, one young woman whose admission was ordered by the ministry did not wait in line. She was admitted even though she was "positive." She knew she would get AIDS because her partner, whom she had met earlier in the ward did not hide the fact that he was a carrier. When she was admitted the second time—she was pregnant.

Drug addicts are afraid of the virus in ward VI. Paul, one of them, has understood after talking with the doctor that an adversary more threatening than the use of narcotics had caught up with him: "I have tested 'positive.'" This has put me in despair. No center will admit me now; I have lost the chance for future treatment. If AIDS will continue spreading so quickly, then [drug treatment] centers will soon be empty—we will all have the 'HIV.' I am waiting for the first symptoms of the disease; drug use has weakened me—I will get sick. I am terrified."

Paul does not know when he "caught" AIDS. Perhaps when they all put their syringes in the same pot of compote [kompot] in one of the many drug addicts' hang-outs in the area of Nowy Swiat? One of them, after getting high on drugs, showed them a certificate from the Institute of Venerology certifying that he had the virus. Or perhaps that is a souvenir from a drug addict girlfriend? For Paul it no longer makes any difference.

"People know that they have AIDS in their blood but they do not admit to it. Those who are healthy reject drug addicts so they do not want to be rejected by their own kind. I am told here: 'Be careful, you can infect others.' And in pharmacies, even if they do have disposable needles and syringes, they do not want to sell them to the likes of me. Therefore, dirty, used needles and syringes are in circulation. There are also no condoms available. I was doomed to become infected."

Doctor Werezynska says that she is not afraid of the virus: "I will soon be the only one left in the ward. Nurses are turning in their resignations. I am the only physician. The administration cannot count on changing the situation in the ward by giving out orders. When I told assistant director Potocki about our situation, he would say only one thing: 'Why don't you submit a request to have the ward closed down.' If I would submit such a request, they would have the problem off their hands. However, I want to treat drug addicts. Where will they go if we close down the centers?"

The ward nurse of the infamous "sixth" is one of those who have submitted a letter of resignation stating: "A person cannot put one's own life at risk. There is no medication for AIDS. However, those who decide about our working in unsafe conditions feel that we will continue putting ourselves at risk indefinitely in the name of a cause. We have not even received any kind of compensation for the risk."

"It is necessary to pierce a drug addicts's veins many times. A lot of skill is needed for the puncture to be right. A carrier's infected blood does not always disclose the virus in testing. The test result may be false. Three months from the moment of infection have to pass before a test can detect this. A drug addict has to be examined and tested constantly. Blood samples of patients from ward VI are collected repeatedly. The best thing would be for the blood to be tested on the premises in the hospital laboratory."

"It is a museum," is how Monika Zan-Rozdeiczer, head of the biochemistry lab, describes its state. "I took over the laboratory in January but I did not agree in writing in the work contract to take responsibility for the health of the personnel. For 2 months now, laboratory technicians have had the use of automatic pipettes—up to that time, blood was drawn by mouth. They wanted to introduce [AIDS] testing in the laboratory but I did not agree to it. For this to be possible, AIDS testing cannot be intermixed with routine testing. There must be a separate

laboratory for the HIV's. Meanwhile, the administration has talked about allocating a cubbyhole... We have old equipment most of which is from the 1960's. The lack of space is paralyzing. We prepare the serum on the windowsill for the Institute of Venerology where the tests are done."

Monika Rozdeiczer holds in her hand the "Recommendations of the MZiOS [Ministry of Health and Social Welfare] for Clinical Laboratories Regarding AIDS." The instructions are useless. "Other than washing hands and taking off rings, I do not implement even one of the recommended practices. I also do not know what the situation is like in the rest of the country. I have not received such information from the ministry. I believe that other laboratories are also in a fog about this."

On the other hand, a worker in a hospital dirty laundry collection center is completely clearheaded about AIDS. Every other day, she protests against having to collect "the dirt from the sixth:" "This bedding contains the live disease. I am afraid and they are also afraid at the municipal laundry. A few days ago, the new director came here and was wondering whether it was possible to prewash the laundry here in a disinfecting fluid. I will not do this for this kind of money!"

Doctor Werezynska has had enough with the bickering about laundry: "I am supposed to treat patients and not listen to quarreling. The entire hospital is dreadfully

afraid of us. However, the administration has not lifted a finger to lessen the degree of danger. The new administrative director has just started a few days ago. Perhaps he will change something?"

Doctor Tadeusz Matusiak, the new head of the hospital received the Chief Voivodship Physician during his first days in the new post. He arrived at the "Nowowiejski" hospital following a letter of intervention which the department heads drew up and sent to the mayor of Warsaw. The new director and the voivodship physician looked over the hospital and agreed that the situation is deplorable.

"It will be a matter of several months before the situation can improve," states Tadeusz Matusiak. We must create an isolated ward for infectious diseases on the premises of the hospital. We shall introduce the disinfection of hospital bedding in chloramine as soon as possible. However, I must admit honestly that I took over the institution in a very neglected state. Nonetheless, it is placed in the "psychiatric mean" category. The drama of the situation involves the entire psychiatric field. Those who are mentally ill also constitute an AIDS risk group, although, currently we are only testing drug addicts. I am afraid that we are facing a problem from which the health service cannot flee—psychiatry has become infectious. In any case, we do not have data on AIDS in Poland. How many 'positive' people are there? No one knows."

The situation resembles a macabre version of the game of tag. Everyone is counting on being able to run away but many did not run fast enough. They have dropped out of the game.

## BRAZIL

### Malaria Cases Rise 60 Percent in Rondonia

54002041c Rio de Janeiro *CORREIO BRAZILIENSE*  
in Portuguese 4 May 89 p 16

[Text] The alarming rise of malaria in Rondonia State in recent years, with an increase in cases of around 60 percent from 1987 to 1988, has entailed a loss of productive capacity of persons suffering from the disease. They lost about 600,000 days of work in 1988 alone, causing incalculable damage to the economy. In just the first 4 months of 1989, 60,000 new cases were registered, accounting for 49 percent of the cases reported in Brazil as a whole.

Despite action taken by SUCAM [Superintendency for Public Health Campaigns] and by state and municipal health secretariats, malaria is increasingly escaping the authorities' control. This is happening because of failure to observe the most basic norms to prevent the formation of foci, apart from self-medication, and because remedies are becoming innocuous, with the virus in some cases developing immunity to the medicine. Resistance on the part of the urban population to spraying of their residences is another factor contributing to the proliferation of anopheline mosquitos, the transmitters of malaria, which procreate easily in garbage dumps, water wells, and other propitious environments.

#### Critical Situation

The Line C-75 tin mine, located in the municipality of Ariquemes 180 km from Porto Velho, has more than 40 percent of the cases reported in the state. The SUCAM regional director in Rondonia, Orlando Jose Ramires, says that that mining settlement is spreading malaria throughout the state, and to substantiate this he reported the data for the first half of 1989, which showed that 59.3 percent of the malaria cases reported in the municipality of Vilhena, including the communities of Vilhena, Colorado do Oeste, Cerejeiras, Pimenta Bueno, and Espigao do Oeste, all located in the southern part of the state, came from Line C-75, located in the northern part.

Despite these alarming statistics, Orlando Ramires assured us that the number of reported cases is declining as a result of the preventive measures the agency has been implementing since last 17 April, when vaccination stations were set up at the only entrance to that mine, where no person with malaria can leave or enter without being properly treated.

With this procedure, SUCAM hopes once and for all to check the escalation of this disease which spreads so rapidly, even though it is aware of how difficult it is to control the situation, since the waters of the Madeira River are going down and, as happens systematically

every year, hundreds of breeding grounds proliferate along the edges of the river, spawning millions of Dahrling anopheline mosquitos, the primary transmitter of malaria in the state.

#### What is Malaria?

Malaria is a disease caused by a parasite, the plasmodium, transmitted to man by a mosquito, the Anopheles. It is characterized mainly by intermittent attacks of fever (chills and sweating), anemia, and enlargement of the spleen. The disease is known in the region by various names, including "paludismo, malaria, maleita, febre paludica, tremedeira, sezoes, terca, and quarta."

Malaria is caused by a very small animal, invisible to the naked eye and only recognizable when examined under a microscope. A person with malaria has plasmodia in his bloodstream. When the anopheline mosquito bites this person, it infects the blood with gametocytes, which are produced by the mosquito. These gametocytes reproduce in the stomach of the mosquito, developing into sporozoites that are concentrated in the saliva of the mosquito, which then infect man.

### Meningitis Epidemic Reported in 15 Capitals

#### Negotiations for Cuban Vaccine

54002042 Sao Paulo *O ESTADO DE SAO PAULO*  
in Portuguese 21 Jun 88 p 10

[Text] Yesterday, Minister of Health Seigo Tsuzuki recognized the existence of a meningitis epidemic in 15 Brazilian capitals, including Sao Paulo and Rio de Janeiro. "The numbers have been increasing since 1987. There are epidemics isolated by state," he admitted. Up until May, the ministry had received notification of 589 cases of the illness, not counting those two capitals, which alone account for 50 percent of the total number of cases registered in the country. Tsuzuki offered nothing concrete regarding the slowing of the illness's advance; he simply mentioned "discussions" with Itamaraty relating to the possibility of exchanging Brazilian equipment for Cuban vaccine, the only proven vaccine for combatting the meningitis that is most prevalent in Brazil (Type B meningococcus).

Frequently present in colder regions, meningococcus, the bacterium that causes the illness, has this time invaded even the hotter capitals of the Northeast during their tropical "winter." In comparison with last year, Macapa, Manaus, Teresina, Fortaleza, Natal, Recife, Aracaju and Salvador have this year already registered an accentuated increase in the number of cases. In Fortaleza, for example, there were 13 cases in 1988, while this year, in just the first 5 months, there have been 43.

In the two coldest regions, the South and the Southeast, the Ministry of Health bulletin shows that only Curitiba has escaped epidemic conditions. In the other capitals, Vitoria, Belo Horizonte, Rio de Janeiro, Sao Paulo,

Florianopolis, and Porto Alegre, epidemics have been experienced. In Santa Catarina, where the illness has reached two other cities, Joinville and Blumenau, notifications have almost doubled in comparison with last year.

There are 123 cases as compared with 62. In the Central West, there is an epidemic in Cuiaba.

Seigo Tsuzuki, accompanied by two technicians from the national secretariat for basic health action, Edmundo Juarez and Roberto Becker, met with journalists and were determined to remove all doubt with regard to meningitis. "Type B meningitis is the type we know least well," admitted the minister; advisor Edmundo Juarez added, "It behaves differently every place that it appears."

From what little they know regarding Type B meningitis meningococcus, the technicians from the Health Ministry believe that it evolves in the same way as Type C (which grows slowly), and in a way that is different from Type A (which develops "explosively"). These two types of meningitis, Type A and Type C, were responsible at the beginning of the 70's for 8,000 deaths, and for infecting approximately 60,000 persons throughout the country. In Sao Paulo alone, there were more than 30,000 cases.

In order to impede the growth in the number of meningitis cases, the government must import at least 10 million doses of Cuban vaccine. Negotiations with the Castro government have not been easy. First, the Cubans do not want to pass on to Brazil the technology used to derive the product. In addition, there is no guarantee that Cuba can produce enough doses for mass vaccination purposes. "We cannot apply the vaccine to a hundred children here and a hundred children there," explained the minister.

The explorations, called merely "discussions" by the minister, have two goals. The first is an exchange of Brazilian equipment and products for Cuban vaccine. The exchange will be carried out by Interbras, the Petrobras subsidiary responsible for overseas trade, and would be supported by Itamaraty.

As for the population, the minister of health says only that it would be good to avoid large crowds, to eat well, and to maintain high conditions of hygiene. "A distance of 1.80 meters from one person to another guarantees the death of the bacterium," says Edmundo Juarez. The minister also counsels that the example of some students in Florianopolis be followed; they are wearing masks to school.

#### **Public Health Not High Priority, Laments Tsuzuki.**

Public health is not a high priority of the federal government. Seigo Tsuzuki, a cardiologist and the minister of health, admits that this is so; his ministry, charged with

the mitigation of illnesses among the Brazilian population, lacks the resources, technical personnel and technological capability needed to confront such permanent enemies as Type B meningitis meningococcus.

Tsuzuki admits that the ministry of health does not have the \$100 million needed to buy 10 million doses of the Cuban vaccine for the illness; that vaccine is the only one in the world proven effective in interrupting the cycle of proliferation of the Type B bacterium.

"Unfortunately, we do not invest in research here, or we invest very little," laments the minister.

But the bureaucracy at the ministry doesn't help much in solving problems either. During the term of the deputy from Parana, Borges da Silveira, for example, it was a mess. Silveira waged an absolute war last year against the Sao Paulo secretary of health; he held up the importation of 50,000 doses of Cuban vaccine that would have been used on an experimental basis in that state. The purchase was approved only at the beginning of this year.

That same bureaucracy is also said to have kept from the minister for a number of months what most Brazilian epidemiologists already knew: that there had been registered in various parts of the country an abnormal increases in the number of cases of meningitis.

Speaking to this newspaper on Monday, Tsuzuki denied the existence of a national epidemic of the illness. "I don't have the numbers that would allow me to speak of an epidemic," he said.

According to epidemiologist Ricardo Veronesi, a professor at the University of Sao Paulo, the minister's pronouncement regarding the epidemic was obvious. "The trend toward epidemic proportions was detected 2 years ago," he says. He compares the present evolutionary process with that observed between 1972 and 1974. "In serious countries, a few cases of a foreseeable illness like meningitis would lead to the firing of a minister or secretary of health," he observes.

Veronesi, secretary of health during the term of former Mayor Janio Quadros, affirms that he recommended the purchase of vaccine against meningitis in 1988, during the World Conference on Infectious Diseases in Rio de Janeiro. At that meeting, the Cubans presented a study of the effectiveness of their vaccine against Type B meningitis.

Veronesi recommends that an illness such as this be fought by means of mass vaccination campaigns in every section or community where new cases arise. "Now the demagogues poses for photos with the vaccines. There is a great deal of ignorance about the problem."

This Ministry of Health, for example, should turn to some other profession," he complains.

**Fewer Vaccines for Meningitis**

54002042 Sao Paulo O ESTADO DE SAO PAULO  
in Portuguese 20 Jun 89 p 16

[Text] Not knowing when the government would import from Cuba the 5.5 million doses of vaccine against Type B meningitis needed to immunize the entire metropolitan population under 7 years of age (2.5 million children), the secretary of health for the state decided to administer 500,000 doses already acquired to 250,000 children enrolled in public nurseries and preschool classes starting on Monday. Each child will receive two doses. "We have little vaccine, and some will have to do without," said the director of the Epidemiological Monitoring Center, Wagner Costa.

Fifteen days ago, the secretary of health announced that the 500,000 doses would be administered to the infant population of the regions in the country that were most affected by the illness. When the purchase of the remaining doses has been accomplished, the secretary would broaden the immunization throughout greater Sao Paulo. According to Wagner Costa, the plans were changed due to the government's difficulty in releasing the \$55 million needed for the acquisition of the remaining doses.

The commission responsible for negotiating the purchase of the vaccines was considering the exchange of national products of interest to Cuba.

**Government Announces Combat Plan Today.**

The minister of health, Seigo Tsuzuki, today announced the strategy that the government will use to slow the growth of meningitis in the country, in spite of his not having yet recognized the existence of an epidemic. Among the alternatives studied by the technicians of the Health Ministry is an exchange of Brazilian products and equipment for Cuban vaccines, the only ones in the world that have been proven effective against the meningitis registered in Brazil (Type B meningococcus). The exchange will be handled by Interbras, the Petrobras subsidiary for foreign trade.

In the last 7 years, the number of cases has been on the increase. In 1982, the National Secretariat for Basic Health Actions (SNABS) registered 1,200 cases, as compared with 2,544 registered just last year. In the first 5 months of this year, 557 cases have been registered, not counting the number of cases in Rio de Janeiro and Sao Paulo.

Of the total number of cases of meningitis meningococcus registered in the country, 85 percent have been of Type B. Cuba is the only country in the world that has available a preventive medication against Type B, but the price charged for a single dose is quite high for the Brazilian government, says Tsuzuki. Each double dose costs \$10.

Studies carried out in Cuba with this vaccine showed preliminary results with a 70 percent effectiveness rate with two doses given at an interval of 6 to 8 weeks, but there is no certainty regarding the duration of the effectiveness of the immunization.

Up until 1979, Types A and C meningococcus predominated in this country, and only at the beginning of this decade did there begin to appear outbreaks or epidemics of Type B. The increase in the number of cases became evident during the past 3 years. Since the end of 1987, the rate has been increasing as compared with the average for the prior years.

**Number of Registered Cases of Meningitis  
Meningococcus**

State	1988	1989(to May)
Acre	0	2
Alagoas	0	2**
Amapa	7	20
Amazonas	5	16**
Bahia	17	39
Ceara	12	42
Fed. Dist.	8	6
Espirito Santo	30	42
Goias	20	7
Maranhao	8	6
Mato Grosso	3	23
Mato Grosso do Sul	2	3
Minas Gerais	39	49
Paraiba	0	0
Parana	21	22
Para	56	41
Pernambuco	12	17
Piaui	1	8
R. G. do Norte	7	16
R. G. do Sul	17	37
Rio de Janeiro	189	38
Rondonia	1	2*
Roraima	ND	ND
Santa Catarina	60	118
Sao Paulo	497	258
Sergipe	27	38
Totals	1039	853

\*Notifications to February; \*\*Notifications to April

Caused by various microbes, the incidence of the illness increases during the winter and spring months, because the transmission is through the respiratory tract, and, during that time of year, climatic conditions and the probability of transmission favor the establishment of the microbe. During this time of year, people remain in enclosed environments for longer periods of time. It is for this reason that the number of cases is greater in the states in the Southeast and the South.

**Leprosy Incidence Fourth Highest in World**  
54002041b Rio de Janeiro *O GLOBO* in Portuguese  
3 May 89 p 19

[Text] Brazil currently has 240,000 cases of Hansen's disease (better known as leprosy) registered with health agencies. If the authorities do not take steps, this number will increase in the next few years. The warning was given yesterday by the president of the Sixth World Congress on Dermatology, Rubem Davi Azulay. According to data circulated at the congress, which concludes today at the Hotel Nacional, about 15 million persons are carriers of Hansen's disease throughout the world, with India reporting the highest incidence at 4 million cases. Brazil is in fourth place and is the Latin American country with the most cases.

"The authorities need to launch an intensive health education campaign and provide the clinics with equipment capable of making an early diagnosis of Hansen's disease. Leprosy rarely kills, but if it is not discovered and controlled in time, it can cause physical disability in its carriers," Azulay explained.

According to congress participants, the highest incidence of Hansen's disease is in the Amazon region, because of the humid climate there which is conducive to transmission of the disease. According to them, it is likely that available statistics do not show the true picture, since many people have preconceptions regarding the disease and do not seek medical care.

**MEXICO**

**African Bees Kill Farm Animals in Yucatan**  
54002009 Mexico City *EXCELSIOR* in Spanish  
14 Apr 89 STATES Section p 2

Today 800 residents of the settlement of Santa Ana Cuca in this state were evacuated to protect them from attacks by thousands of African bees which, when provoked, left their hives and killed two thoroughbred horses, two ewes, and a hog.

In reporting on this incident, the mayor of Tixpehual, Silvestre Santana Bastarrachea, noted that, when the attack began, it created confusion in the community.

He said that many people locked themselves in their houses, others entered parked vehicles, and still others headed out of town. A few were stung, without serious consequences.

He added that the bees were located in trees, roofs, stockyards, and stone walls, and the residents did not notice their presence until the children alerted them.

The mayor remarked that they notified the Maya Bee-keeping organization, a cooperative association that includes nearly all Yucatan beekeepers.

The latter, in turn, sent three technicians specializing in the handling of bees, and an operation to destroy the hives was undertaken.

He said that buckets of water and detergent were used at first, and the bees dispersed, although it is feared that they might return to the hives to reclaim their areas. [passage omitted]

## INDIA

**City Sees Rise in Several Diseases Over 1988**  
54500115 Bombay *THE TIMES OF INDIA* in English  
11 May 89 p 1

[Article by Bachi J. Karkaria: "Diseases on Tap in City"]

[Excerpt] How prepared is the Bombay municipal corporation (BMC) to tackle the diseases that have risen with the mercury in summer and will flood the city's clinics with the monsoon's first waterlogging?

Health officials boast that "there has been no epidemic so far," but private doctors, especially those treating slum dwellers, warn of the dangers of what one of them diagnoses as "endemic complacentitis."

Chicken pox has persisted well past its seasonal limits. Since it is a non-notifiable disease, exact figures are unavailable, but virtually every general practitioner reportedly sees a case or two everyday. At the Kasturba Hospital for Infectious Diseases comparative figures for the first four months of 1988 and 1989 show a worrisome graph. The hospital admitted 1,935 chicken pox patients last year; the number multiplied to 3,214 between January and April this year.

Of greater concern are the waterborne diseases, hepatitis A, polio and the whole range of gastro-enteric diseases which find themselves into the citizen's gut simply because of contamination of the city's gut. No one is immune. If in Dharavi, it is the sluggish brown glide of stench that passes for a "water source," in seemingly

sterile Nariman Point it is the slime-layered storage tank atop the skyscraper, the problem compounded by water tankers augmenting supplies from dubious sources.

The BMC may be right in claiming a drop in hepatitis B, but this is the serum variety. The jaundice that spreads because sewerage has seeped into the water mains is still on the rise. Again, hospital figures tell only a tip-of-the-iceberg story since the public relies more on alternative medicine or home palliatives for this disease. Nevertheless, at Kasturba, whereas 4,293 new hepatitis (both A and B) patients attended the OPD [expansion unknown] between January and April 1988, the corresponding number for 1989 is 6,111. [passage omitted]

**Malaria on Rise in Delhi and Several States**  
54500116 Bombay *THE TIMES OF INDIA* in English  
11 May 89 p 6

[Text] The incidence of malaria is on the rise in Delhi and 11 states including Andhra Pradesh, Gujarat and Uttar Pradesh, Lok Sabha was told today.

The other states are Goa, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Mizoram, Rajasthan, and Tamil Nadu, the minister of state for health, Ms Saroj Khaparde, said.

Malaria cases were also increasing in the Union territories of Andaman and Nicobar, Dadra and Nagar Haveli, and Pondicherry, she told Mr K. Pradhan.

In 1988, 14.7 lakhs malaria cases (provisional) were reported compared to 16.6 lakhs in 1987, showing a marginal fall in total number, she said.

UDC 616-092:612.017.1.064]-022.7:578.828.6]-036.15-078.333

### Serological Screening for Human Immunodeficiency Virus in 1987

54001018a Moscow ZHURNAL MIKROBIOLOGII, EPIDEMIOLOGII I IMMUNOBIOLGII in Russian No 12, Dec 88 (manuscript received 12 Feb 88) pp 56-59

[Article by V. V. Pokrovskiy, D. L. Vinograd, M. O. Deulina, A. I. Akimov and Z. K. Suvorova, Central Scientific Research Institute of Epidemiology, USSR Ministry of Health, Moscow, under the rubric "Acquired Immune Deficiency Syndrome": "Serological Screening for Human Immunodeficiency Virus in 1987"]

[Text] Spread of the infection caused by the human immunodeficiency virus (HIV) continued in 1987 all over the globe: cases of AIDS were reported by 133 out of the 162 member nations of the World Health Organization. The first case of HIV infection and of AIDS was also reported in a citizen of the USSR.<sup>2</sup> In our previous report,<sup>1</sup> we submitted the results of serological screening of the inhabitants of Moscow in 1985 and the first half of 1986. We submit here the results of studies conducted at the Central Scientific Research Institute of Epidemiology, USSR Ministry of Health, in the late months of 1986 and from January through September 1987.

### Material and Methods.

Sera from individuals examined for different indications at several medical institutions of Moscow, as well as those coming for examination from Kiev, Smolensk, Krasnodar, Tallinn, Minsk, Novosibirsk, Armavir and Makhachkala, were tested for HIV antibodies in test systems produced by the Antigen Scientific Production Association and the Organon Teknika and Welcome firms, with subsequent verification with immune blotting systems produced by Dupont and Biorad. The support documentation was analyzed by means of a specially developed service data base of the relational type operating under the control of an RBASE system, on a personal computer with an information bank in the form of a table containing information about sex, age, citizenship, reason for and date of test, and test results.

### Results and Discussion

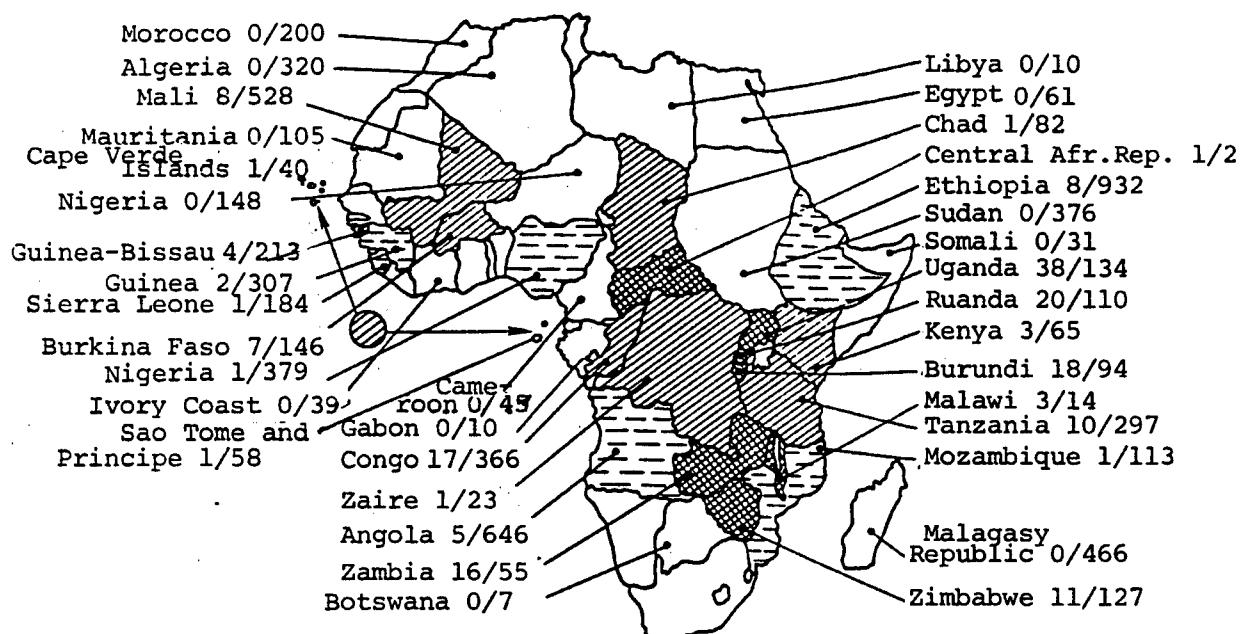
Support documentation referable to 80,103 serum specimens was examined and analyzed.

Table 1 lists the results of serological screening as related to reason for testing indicated by the referrals. The highest percentage of positive reactions was found in the group of subjects who had been in contact with HIV carriers and patients, as well as among foreigners.

**Table 1. Results of the identification of individuals with antibodies to HIV among those tested for different reasons**

Reason for test	Number of people tested				Number with HIV antibodies				Percentage of seropositive individuals among those tested
	Total	Men	Women	Sex unknown	Total	Men	Women		
Homosexuality and bisexuality	408	408	0	0	2	2	0	0.49	
Multiple sexual partners	883	858	Tc25	0	0	0	0	0	
Venereal disease	3,964	2,258	1,706	0	1	0	1	0.03	
Drug addiction	343	236	107	0	0	0	0	0	
Blood donors	4,954	3,216	792	946	0	0	0	0	
Return from abroad (USSR citizen)	11,056	6,174	4,823	59	2	1	1	0.02	
Sexual relations with seropositive individual	49	26	23	0	9	5	4	18.4	
Clinical indications	114	74	68	2	1	1	0	0.7	
Blood transfusion from seropositive donor	7	5	2	0	5	4	1	71.4	
Birth to seropositive mother	2	1	1	0	1	0	1	50	
Casual or medical contact with seropositive individual	246	108	127	11	0	0	0	0	
Long-term visit to USSR (foreigners)	36,620	25,434	5,744	5,442	200	168	32	0.55	
Other and unknown	27,427	13,147	6,349	1,930	5	3	2	0.02	

Note: Some of the reasons for examination involve figures that overlap with the figures in other groups.



**Incidence of individuals with antibodies to HIV among individuals from different African countries.**

Key: The fractions refer to the ratio of seropositive subjects to total number tested. Dashed lines indicate countries less than 1 percent of whose citizens visiting the USSR were seropositive; slanted lines indicate countries with a figure of 1-5 percent; and crosshatching indicates a figure of greater than 5 percent.

**Table 2. Distribution of tested subjects according to region of permanent residence**

Region	Total	Number of people tested			Number with antibodies to HIV			Percent
		Men	Women	Sex unknown	Total	Men	Women	
USSR	43,483	26,511	14,024	2,948	26	16	10	0.06
Africa	9,717	6,788	884	2,045	192	161	31	1.98
America	6,879	5,278	1,093	508	5	4	1	0.07
Asia	14,276	10,230	1,766	2,280	0	0	0	0
Europe	5,114	2,884	1,917	313	3	3	0	0.06
Australia and Oceania	89	61	28	0	0	0	0	0
Country unknown	545	193	56	296	0	0	0	0
Totals	80,103	51,945	19,768	8,390	226	184	42	0.28

We processed the results of serological screening for foreigners who came to the USSR from 188 countries on all continents. Individuals with antibodies to HIV were found among residents of 33 countries. Table 2 lists the data by region.

The absolute majority of individuals with antibodies to HIV came from Africa. While the African subjects constituted 10.9 percent of the entire sample, they accounted for 85.3 percent among the individuals with HIV antibodies.

The figure illustrates a map of infected subjects from different countries of the African continent. According to our data, the highest incidence of infection was among students who came from Zambia, Uganda, Ruanda, Burundi, Malawi, and Zimbabwe. For them the incidence of infected subjects exceeded 5 percent (from 5 to 29). The incidence of infected subjects from Tanzania, Kenya, Congo, Zaire, Chad, Mali, Burkina-Faso and Guinea-Bissau ranged from 1 to 5 percent. Less than 1 percent incidence was found among students from Mozambique, Angola, Ethiopia, Nigeria, Sierra Leone and Guinea. It

must be noted that most of the infected subjects were students 18 to 35 years of age, who are the most active sexually, so that these data cannot be an indicator of infection rate in these countries. However, our findings generally coincide with data in the literature, which indicate that there is a high rate of infection in countries of Central Africa [3].

Five virus carriers were detected among visitors from Latin American, and three, from European countries. Within the indicated period 26 individuals with HIV antibodies were found in the Soviet Union, which we listed as a separate region in Table 2. It should be noted that the percentage of infected people in the USSR is actually much lower than it appears, since most carriers were identified as a result of a specific epidemiological search for contacts with previously detected infected individuals.

In the terms of detection of sources of infection, routine screening of foreigners was the most effective, and it made it possible to identify 88.5 percent of all individuals with HIV antibodies. Routine testing of Soviet citizens identified only 11 out of the 26 infected people, while the rest were detected in the epidemiological investigation.

All of the detected HIV-infected USSR citizens had obvious risk factors, and the source of infection was established in 18 cases. In all cases, it was determined with a high degree of probability that the virus had come from another country.

There were two risk groups among infected USSR citizens: homosexuals and bisexuals, and women who had had sexual relations with foreigners. The main group of infected individuals (15 people) consisted of those identified in the epidemiological investigation of the first case of AIDS in a USSR citizen<sup>2</sup>: a homosexual infected in Africa, five bisexuals who were infected by him, three women who were partners of these bisexuals and the infant born to one of them. Five recipients were infected by receiving a blood transfusion from one of the above bisexuals, four women were infected upon sexual contact

with infected Africans, three women with HIV antibodies reported sexual contact with untested African citizens, and one reported contact with an untested Yugoslavian (the sexual partners from the USSR of these women had no HIV antibodies). It was not possible to determine the source of infection of two other bisexuals since their sexual contacts were anonymous. One had returned from Togo and denied sexual contact with indigenes, but reported that he was given an intravenous injection in a local hospital. His sexual partners in the USSR were not infected.

The ratio of HIV-infected women to men as related to number of tested subjects of the same sex constituted 1:1.38 for USSR citizens and 1:0.65 for Africans, which is indicative of the greater significance of heterosexual transmission of HIV infection in the USSR, as compared to the United States and Western Europe.

Thus, foreign students, women who had had sexual contact with foreigners, and homosexuals and bisexuals were found to be the groups stricken most often among those tested.

#### Conclusions

1. An increase is noted in the number of individuals in the USSR found to have HIV antibodies.
2. The highest risk of HIV infection is observed in the group of homosexuals and bisexuals and women who have had sexual contact with foreigners.
3. HIV enters the USSR primarily through sexual contact with foreigners.

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## CANADA

### AIDS Babies on AZT; Antibody Testing Kit Approval

#### Three Babies Doing Well

54200054 Toronto *THE SATURDAY STAR* in English  
6 May 89 p A3

[Article by Marilyn Dunlop]

[Excerpts] Three Ontario babies infected with the AIDS virus at birth are doing well on treatment with the drug AZT, a doctor said yesterday.

Two of the children, at age 1, are developing normally. Before treatment began they had shown indications of delayed development and had pneumonia, common in patients with AIDS, said Dr. Stanley Read, director of the AIDS comprehensive care clinic at the Hospital for Sick Children.

"It is quite exciting," he told a conference on ethical issues in pediatric AIDS at the hospital. Ordinarily infants who contract the virus from infected mothers do not develop normally mentally and are sickly by 10 months of age.

The two babies began treatment about eight months ago, Read said. "At four months they were just lying there staring. Now, at age 1, their brains are developing normally. They have caught up (with healthy babies)," he said. The third baby is also thriving but has been under treatment a shorter time.

The treatment does not eliminate the virus and the immune systems of the babies are not normal. But, he said, they are not vulnerable to all sorts of viruses or bacteria as are most people with AIDS.

Read said in an interview that children seem to tolerate the drug better than adults, who commonly develop toxic side effects.

"But we don't yet know if there is long-term toxicity," he said. "We are looking for safer drugs to be developed, but this may tide them over."

Read said babies are given the drug by mouth as well as injections of gamma globulin, which contains key antibodies against infections. [passage omitted]

He said 43 children with AIDS have been reported in Canada, but there are almost certainly others. He said 50 children infected with the AIDS virus are seen regularly at the Sick Children's clinic, although they do not show symptoms of the disease itself.

Of those, 35 are hemophiliacs who became infected from blood products before blood components were screened for AIDS. Another five became infected from transfusions prior to blood screening. Five are teenagers who either injected drugs with contaminated needles or sold sex on the streets, or both. Five are infants of infected mothers. A fetus can become infected in the womb as early as 12 weeks gestation, Read said.

However, not every child infected before or at birth develops AIDS. Half of them remain well and some aren't sick yet at 8 or 10. Only time will tell if they too will eventually develop AIDS, he said. [passage omitted]

#### Antibody Testing Kit

54200054 Toronto *THE SATURDAY STAR* in English  
6 May 89 p A8

[Text] The federal government has approved a kit that allows scientists to detect antibodies against both AIDS viruses in one test, IAF Biochem International Inc. which developed the kit, announced yesterday. The firm said in a statement that the diagnostic kit allows the simultaneous detection of both HIV-1 and HIV-2 viruses.

### AIDS Guidelines, Projected Costs, Funding, Incidence

#### Federal Guidelines for Employers

54200061 Toronto *THE GLOBE AND MAIL*  
in English 25 May 89 p A15

[Article by Joan Breckenridge]

[Text] Canadian companies should be developing AIDS policies similar to one announced by the federal government yesterday, federal Health Minister Perrin Beatty said.

"I'll be writing to major employers' organizations across the country to encourage them to ask their members to develop AIDS policies," he said in a telephone interview from his office in Ottawa.

Mr Beatty's announcement was timed to coincide with the release of a national study by the Canadian AIDS Society that found only 4 per cent of companies have AIDS policies or education programs.

Of 516 company managers surveyed in March, 60 per cent said the establishment of an AIDS policy was not a priority, and 24.6 per cent gave it low priority, the federally supported study says.

The major points of the federal policy, developed for the civil service, are:

- Under normal working conditions, employees who have AIDS symptoms or who are infected with the human immuno-deficiency virus that causes AIDS are not a risk to others in the workplace.
- Employees who have AIDS must not be harassed in any way.
- AIDS testing is not a condition of employment but can be provided to employees who need to have it done for such purposes as travelling abroad on government business.
- All government records containing AIDS-related information must be protected according to the provisions of the Privacy Act.
- All work-related sick leave, medical and disability benefits must continue in accordance with existing policies and collective agreements.

A spokesman for the AIDS society said at a press conference in Toronto that the results of the telephone survey, called AIDS and the Canadian Business Community: A Research Study, are discouraging.

"Companies are not planning ahead," said Ed Jackson, who is a member of the organization's advisory committee on AIDS in the workplace.

He said companies are ignoring the issue until a crisis develops after an employee is identified as having developed AIDS or as having tested positive for exposure to the virus.

Many companies still believe AIDS is something that will never touch anyone in their company and "many people don't know they have people with AIDS in their workplace," he said.

Mr Jackson said the federal government "has taken a very long time to set a good example."

The federal government—in particular, former health minister Jake Epp—has been frequently criticized over the past few years for not developing a policy for the public service to show leadership and concern about AIDS.

"What we're trying to do here is...to set an example for others by our own actions," said Mr Beatty, who was appointed Health Minister in late January.

Mr Beatty said he hopes the federal policy, developed by an inter-departmental committee, will be used as a model.

The study said that, although about one-half of the companies surveyed think their employees are concerned about AIDS, only 28 per cent believe it is a company's responsibility to provide information about the disease.

Only 1.6 per cent of the companies surveyed said they have had to deal with an employee who had AIDS. The survey was done in Canada's 14 largest cities and in five non-urban centres, one in each geographic region.

"It's in their best interests to deal with an epidemic like AIDS," John DeShano, president of Levi Strauss & Co. (Canada) Inc., said at the press conference.

#### Projected Insurance Costs 54200061 Toronto *THE GLOBE AND MAIL* in English 30 May 89 p B3

[Article by Angela Barnes]

[Excerpts] The advent of widespread testing for the AIDS virus by Canadian life insurance companies should ensure that claims they must pay victims of the disease will not amount to the \$2.3-billion that had been projected for the period from 1987 to the turn of the century.

When Michael Cowell, an actuary now with UNUM Life Insurance Co. of Portland, Me., did his widely publicized 1987 study on AIDS costs, insurance companies in Canada and the United States were requiring that only people seeking policies worth \$250,000 or \$500,000 be tested.

Now, most companies have made testing mandatory at the \$100,000 level, and some particularly cautious firms are requiring it for \$50,000 or \$75,000 policies. [passage omitted]

A ballpark estimate for Canadian AIDS-related claims might now be \$1.5-billion (Canadian), he suggested after a quick mental calculation.

Even that sum might be too high. Mr Cowell reached it on the basis that Canada has one-tenth the population of the United States and that the incidence of AIDS is only half of what it is south of the border. However, Charles Black, vice-president of insurance operations with the Canadian Life and Health Insurance Association, said the incidence of AIDS in Canada is now only about 25 to 30 per cent of the U.S. rate, not 50 per cent. [passage omitted]

Final figures are not yet available, but it appears AIDS claims at Canadian life insurance companies for 1988 will total about \$20-million, compared with about \$12-million in 1987. However, even \$20-million represents only 1 per cent of total death claims on life insurance companies in Canada.

Mr Cowell had predicted that the value of U.S. AIDS claims would rise from 1 per cent of total death claims in 1986 to 2 per cent in 1988 and 2.5 per cent in 1989, reaching a peak of 5 to 10 per cent in the mid-1990s. That part of his forecast still appears on track, he said yesterday.

Others are more optimistic. For example Earl Orser, chairman of London Life Insurance Co. of London, Ont., said at his company's annual meeting that "there are some indications that the growth in numbers of AIDS victims is plateauing in Canada."

The number of AIDS cases is not increasing at the rate it once was. The insurance association's Mr Black said that whereas the number of cases reported was once doubling every eight months, it is now doubling every 16 months.

There have been 2,736 cases reported to date in Canada, and 1,564 victims have died. Forty-four of the cases are children and 148 are women. Most are men aged 30 to 50, a group that until the advent of AIDS had been considered one of the better risks for insurers.

#### Ontario Spending Boost

54200061 Toronto *THE Toronto STAR* in English  
30 May 89 p A3

[Article by Kelly Toughill]

[Excerpt] Ontario will dramatically expand its program to fight AIDS, funding three new out-patient clinics and a treatment centre that is the first of its kind in Canada, the health minister has announced.

"AIDS is the public health challenge of a generation," Health Minister Elinor Caplan said yesterday. "This is a forward-looking plan that will help meet the needs of the future."

The new clinics announced yesterday include a special psychiatric clinic at Mt Sinai Hospital in Toronto and general-care clinics at St Joseph's Hospital in London and Chedoke McMaster Hospital in Hamilton for people infected with the AIDS virus. There are already six AIDS clinics in Ontario, including five in Toronto.

In all, provincial funding for the fight against AIDS will be boosted by \$7.4 million this year, Caplan said.

The new plan includes more than \$500,000 to fund Canada's first treatment centre for aerosolized pentamidine, an inhaled antibiotic taken to ward off a form of pneumonia that is the most common killer of people with AIDS.

The plan also includes an additional \$2 million for 10 non-profit AIDS organizations, including the AIDS Committee of Toronto. It also includes another \$3.1 million to fund AIDS-related activities by local boards of health.

#### Plan Applauded

Several top AIDS activists applauded the new plan yesterday, although others booed Caplan when she was asked about a law requiring officials to collect the names of people who are infected with the virus that causes AIDS.

"There is never enough money, but this is certainly a big increase," said Tom Nash, executive director of the Toronto PWA (People With AIDS) Foundation. "Ontario is setting a standard for funding of community-based organizations."

"There is no question that Ontario is the national leader on this issue," said Stephen Manning, executive director of the AIDS Committee of Toronto.

More people have been diagnosed with AIDS in Ontario than in any other province. According to federal health officials, 1,079 people have been diagnosed with AIDS in Ontario, of whom 702 have died. [passage omitted]

#### Incidence Among Inuit

54200061 Toronto *THE GLOBE AND MAIL*  
in English 29 May 89 pp A1, A4

[Article by Matthew Fisher]

[Excerpts] During the winter George Eckalook organized two public meetings in Resolute Bay to warn his neighbors about promiscuity and the lethal consequences of AIDS, but only about 10 Inuit turned out to hear what he had to say.

"It's not difficult to explain this disease in Inuktitut. The trouble was nobody showed up," said Mr Eckalook, who is chairman of the Baffin Regional Health Board.

Mr Eckalook and other public health officials in the Northwest Territories are grappling with an AIDS crisis of unknown, but potentially disastrous proportions given what experts call the frightening promiscuity of young northerners.

"I think that like any other Canadian community with a high rate of promiscuity, we're sitting on a bomb," said Ron Mongeau, executive director of Baffin Regional Council and a health board trustee. "What we're trying to do—through education—is leave a smaller bomb on the horizon. The AIDS issue is of transcendental importance to everyone in the Arctic."

But Mr Mongeau and other public health officials are worried that many northerners have not altered their sexual habits despite a massive government-directed multi-media campaign, which includes television and radio commercials in eight aboriginal languages, videos, public workshops, door-to-door visits and free condoms that come with pamphlets explaining how to use them.

The territory, which has a population of 52,000, has already lost one resident to Acquired Immune Deficiency Syndrome and five other men and women have tested positive for the fatal disease. Twenty-two months ago only one northerner—a man—was known to have the AIDS virus.

From data available in the United States and Africa it is known AIDS often thrives where the incidence of sexually transmitted disease is high. In 1986 and 1987 the territory reported more than 2,000 cases of gonorrhea—between 10 and 20 times more cases than the national average.

Another sign of rampant sexual activity is that some isolated communities in the Far North have an annual fertility rate of 4 per cent, which is higher than the most fecund Third World nations.

Nellie Cournoyea, the territory's Minister of Health and one of about 3,000 Inuvialuit, or Inuit living in the western Arctic, said that getting the message across in the North about AIDS and how to avoid it was especially difficult because cultural attitudes toward sex were much different.

"In traditional communities sexual freedom is accepted," she said. Mr Eckalook said some southerners took advantage of Inuit's sexual mores. It was these visitors who were responsible for the spread of AIDS in the High Arctic, he said. [passage omitted]

Complicating matters is a dispute between the NWT government and the Baffin health board over whether or not to inform communities or regions that some of their citizens are carrying the virus.

The government does not give out such information. Last winter the Baffin board defied the Yellowknife-based administration by announcing publicly that two AIDS carriers lived in the region, which has a population of 10,000 about 90 per cent of whom are Inuit.

Soon after the board's announcement graffiti appeared on an adult education building near the Hudson's Bay store in Iqaluit suggesting AIDS carriers would be shot if their names became known. [passage omitted]

**Quebec Heterosexual Incidence**  
54200061 Ottawa *THE OTTAWA CITIZEN* in English  
31 May 89 p B1

[Text] AIDS is spreading faster among heterosexual women and men in Quebec than anywhere else in Canada, a top researcher says.

That's the bleak news Dr Robert Remis, chief AIDS number-cruncher in Quebec, plans to present next Wednesday at the Fifth International AIDS Conference in Montreal.

His figures show 29.5 per cent of the 800 adults suffering from AIDS in Quebec are heterosexuals—compared with 18.6 per cent across Canada as a whole.

"The bottom line is that we have a real problem in Quebec," said Remis, director of the regional infectious diseases office for greater Montreal.

"Not that we care more about heterosexuals than gay men. But heterosexuals make up 98 per cent of the population. This is where it can go if it spreads."

Remis's work shows Quebecers have four times the chance other Canadians have of contracting AIDS from a heterosexual partner.

While Quebec's Haitian population, the largest in the country, accounts for 116 people with AIDS, there are 43 white heterosexuals in Quebec dying of AIDS incurred through intercourse with a person of the opposite sex.

That may look insignificant, Remis says, but it's high when compared with only 31 such cases in the rest of Canada.

In addition, Red Cross testing during blood-donor clinics found a rate of infection by HIV four times higher in Quebec than in the rest of Canada, Remis said. The human immunodeficiency virus is believed to cause AIDS.

#### Measles Incidence Reported Up in Quebec, Ontario

**'Unprecedented Epidemic' in Quebec**  
54200056 Toronto *THE GLOBE AND MAIL*  
in English 10 May 89 pp A1, A2

[Article by Andre Picard]

[Excerpts] Up to 20,000 primary and secondary school students in Metropolitan Montreal could be banned from school over the next few weeks if they cannot prove that they have been vaccinated against red measles.

Quebec is in the throes of an unprecedented measles epidemic and community health officers in the Montreal area have decided that unvaccinated students will not be allowed back into class until two weeks after the last reported case of the disease in their respective schools. The same rules will apply to day-care centres.

Dr. Robert Remis, regional director of infectious diseases, said about 30 per cent of high school students, 10 per cent of primary school students and 5 per cent of pre-schoolers have not been vaccinated against red measles.

Vaccination is not mandatory in the province, but community health officers have the power to implement emergency measures such as these during an epidemic. Quebec Health Department officials said yesterday it is too early to say if such action will spread province-wide.

There have been more than 2,000 cases of measles reported in Quebec this year, almost one-third of them in Montreal. At least 15 children have been admitted to hospital, and one child is in grave condition, in a coma after developing encephalitis.

There were 548 cases of red measles reported in Canada in 1988, and only 18 cases in the province of Quebec.

Dr. Remis said there were more than 50 new cases of red measles reported in Metropolitan Montreal each of the past four weeks. "There's no question it's an epidemic, but people shouldn't panic. We are just asking that parents respect these measures so we can alleviate a serious situation," he said.

An outbreak of the highly contagious disease on the West Island in January, led community health officers to launch a \$600,000 inoculation campaign.

An emergency team of seven nurses has examined the vaccination records of more than 240,000 students, and given shots to more than 10 per cent of them in the past two months.

Files on 46,000 other students have yet to be examined, and officials estimate that at least 20,000 of those students have not received their shots. All these students will be required to show proof of vaccination before they can return to school, Dr. Remis said.

"Many people are under the mistaken impression they have been vaccinated but we will require written proof. If there is no independent document, the child will have to get a new shot, just to be sure."

He said apathy, rather than opposition to vaccination, was the major problem, adding that stern measures were implemented because the continuing spread of the disease is largely attributable to the unvaccinated group.

Children whose parents refuse to have them vaccinated for religious reasons will be provided with home study. [passage omitted]

The worst outbreak of red measles in Canada was in 1980, when 3,672 cases were reported in Quebec.

#### Increased Incidence in Ontario

54200056 Toronto *THE TORONTO STAR* in English  
12 May 89 p A3

[Article by Maureen Murray: "Ontario Cases of Measles Up by 25 Percent Over'88"]

[Excerpts] The incidence of red measles in Ontario has increased 25 per cent over the same period last year and health authorities are moving to check the outbreak.

About 3,000 children in southern Ontario, including the Metro area, are being offered revaccinations to halt the spread of the highly contagious disease.

Health officials are monitoring the situation closely. But they say they're not worried about a possible epidemic, because more than 95 per cent of the province's population has been inoculated against measles.

"The outbreak has been localized in clusters of schools and the necessary steps are being taken to control its spread," said Dr. Richard Schabas, Ontario's chief medical officer of health.

There have been 146 reported cases of measles in Ontario so far this year, compared with 117 by the same time last year. [passage omitted]

Clusters of cases have cropped up in Metro-area private schools, and Kingston and Ottawa are also experiencing sudden outbreaks in several schools.

#### Private Schools

At least 31 measles cases have been reported in the Metro area, with the most recent case confirmed in North York yesterday.

Health officials have recommended nearly 2,000 students in five Metro-area private schools be revaccinated, if they received their initial measles shot before 1980. Vaccinations developed since 1980 have been found to be more effective.

Kingston health officials are hoping to revaccinate between 800 and 1,000 students after a measles outbreak in seven schools, said Dr. David Mowat, medical officer of health for the Kingston area. There have been 40 reported cases of measles in the area since mid-March.

Mowat said he suspects the disease was imported from Quebec after a group of students from Kingston went on a school trip to the province.

Dr. Ian Gemmill, associate medical officer of health for the Ottawa area, said the outbreak is probably related to a measles epidemic in Quebec which has afflicted at least 2,500 people this year.

**Second Wave of Red Measles Hits Outaouais**  
54200062 Ottawa *THE OTTAWA CITIZEN* in English  
27 May 89 p A12

[Article by Philip Authier]

[Text] Just as medical officials were starting to believe the epidemic was fading, a second wave of red measles has been detected in the Outaouais.

After watching the number of cases drop during the last few weeks of April and early May, the number of cases has suddenly started to climb.

The Outaouais Community Health Department now believes the 400 mark will be passed, making it the worst year since 1977, when 608 cases were detected.

There were 64 cases declared during the week of 14 May, bringing the total number for the year to 387, infectious disease co-ordinator Donald Dery said Friday.

There were 77 cases during the week of 23 April, 46 cases during the week of 30 April and 35 cases the week of 7 May.

"This is abnormal," Dery said. "It represents a second wave."

He said there are only partial numbers available for the week of 21 May but already 30 cases have been detected.

Dery said more adults are coming down with the highly infectious disease. Twenty-two people between the ages of 18 and 28 have picked it up, mostly during the second wave.

He warned that adults born after 1956 who have not had measles or can't prove they have been vaccinated should see their doctors as soon as possible.

Ten people have been hospitalized with complications since the epidemic started in early March.

Dery blamed the second wave on the 10-day incubation period of measles. It means a child can walk around for days infecting others before the symptoms appear.

**Rubella Warning Issued in British Columbia**  
54200055 Vancouver *THE SUN* in English  
5 May 89 pp A1, A2

[Article by Anne Mullens]

[Excerpts] A rubella epidemic threatens to sweep the Lower Mainland and public health officials are warning women of childbearing age to ensure they are immunized against it.

"The message is that rubella is still around, it is still a dangerous disease and those who are at risk from it should find out if their immune status is up-to-date," advised Dr. John Farley, provincial epidemiologist at the B.C. Centre for Disease Control.

By the end of April, 320 cases of rubella had been reported in the province, more than two-thirds of them on Vancouver Island around the Nanaimo and Courtenay region. A few cases have been reported in the Interior and in Vancouver.

"The epidemic has been centred on the island to date. We hope that it won't spread to the Lower Mainland. That is why we are telling people to check on their immunity." [passage omitted]

Farley said the B.C. Centre for Disease Control has asked all doctors to report all rashes to them and to conduct blood tests to confirm the infection is rubella.

The epidemic, the largest since 1985, is infecting mostly young adults between the ages of 15 and 30, Farley said. Those are the people who were too young to receive natural immunity by having the infection when they were young and too old to be part of a general, systematic immunization program for all young children.

Since the early 1970s, children have routinely been vaccinated for rubella as early as 12 months of age in a so-called MMR shot (measles, mumps and rubella). Now an estimated 97 per cent of all school-aged children are immunized against infection, Farley said. Once immunized, a person has a life-long immunity to the virus.

"We could theoretically get rid of the virus if we could get everyone immunized and then maintain the immunity in the population," he said.

**FEDERAL REPUBLIC OF GERMANY**

**Bayer, Hoechst Test HIV Vaccine**  
MI89016 Bonn *TECHNOLOGIE NACHRICHTEN-MANAGEMENT INFORMATIONEN* in German  
21 Feb 89 pp 16-17

[Excerpt] The Bayer and Hoechst companies are currently carrying out a pilot study to test a substance for use as a treatment against the HIV (Human Immunodeficiency Virus) infection. In animal and cell tests on human blood lymphocytes, this substance has already proven to be a more effective and compatible inhibitor of the retroviruses that cause AIDS.

The Max Planck Society (MPG) and the FRG Federal Health Office (BGA) had previously requested a patent for the "Inhibitors of the Reverse Transcriptase for the Prevention and Therapy of Retrovirus Infections in Mammals." This patent request was the result of research on the effects of polysulphated polysaccharides

by Prof Karin Mölling of the Max Planck Institute for Molecular Genetics in Berlin, and Prof Heino Diringer of the BGA's Robert Koch Institute, also in Berlin.

When retroviruses, whose genetic information consists of ribonucleic acid (RNA), infect cells, a deoxyribonucleic acid (DNA) copy of the virus genome is produced during the virus reproduction process in the infected cell. This RNA synthesis overcomes a specific retrovirus enzyme: the reverse transcriptase, which is a component of virion. Retroviruses cause illnesses such as leukemia and solid tumors in cats, mice, and cattle. Retroviruses have also been discovered recently in humans. AIDS, in particular, is generated in humans by a special retrovirus known as HIV.

Earlier work by Professor Diringer's team had demonstrated that inhibitors such as dextran sulphate and pentosan polysulphate have a marked effect on infections with "unconventional viruses," which lead to fatal illnesses in the central nervous systems of mammals. The project to study the effect of these substances on retroviruses arose from an exchange of ideas between Professor Diringer and Professor Mölling of the Max Planck Institute for Molecular Genetics.

Professor Mölling developed a system for testing the inhibition effect of substances on the reproduction enzyme of retroviruses—the reverse transcriptase. The enzyme was first isolated from a bird's retrovirus. Later, a recombinant HIV reverse transcriptase was introduced. Pentosan polysulphate proved to be the most effective enzyme inhibitor in these tests.

As a result, the Max Planck Society and the Federal Health Office decided to apply for a patent on this discovery. The AIDS virus belongs to this class of retroviruses, so a basis for AIDS prevention and therapy could arise from research on the way inhibitors work.

The two firms cooperating in the field of chemical therapy of retroviruses, Bayer AG in Leverkusen and Hoechst AG in Frankfurt, have taken an option on this project.

In the meantime, additional studies in the United States and Europe have confirmed the effectiveness of the inhibitors, particularly dextran sulphate, and encourage the beginning of clinical tests.

[passage omitted]

### IRELAND

**Health Minister Warns of AIDS Epidemic in Ireland**  
54500114 Belfast NEWS LETTER in English  
13 May 89 p 9

[Article: "Warning of AIDS Epidemic in Eire"] txt  
[Text] Eire could be on the brink of an AIDS epidemic, a Dublin government minister warned yesterday.

He said the number of reported cases of the disease was doubling every nine months.

As the news was released an AIDS campaigner accused his government of doing little to stop the spread of the disease.

The epidemic warning came from Health Minister Dr Rory O'Hanlon in a parliamentary reply.

He said the pattern was set to continue for up to eight years.

"Assuming this rate of growth, by 1995 there could be as many as 12,240 AIDS cases in this country.

"All the indications are that Ireland is heading into an epidemic situation."

Dr O'Hanlon reported 93 cases of AIDS to date, with 41 deaths. The cases included 36 homosexuals or bisexuals, 31 intravenous drug users, and 12 haemophiliacs.

The release of the figures yesterday prompted fresh criticism of the Dublin government's efforts to publicise the danger of AIDS.

Brian Murray of Eire's AIDS Action Alliance, said as many as 3,000 Eire people were already infected by the AIDS-linked HIV virus without knowing it, and were passing the condition on to other people.

### UNITED KINGDOM

**Health Minister Warns AIDS Epidemic May Be Impending**  
54500110 London THE DAILY TELEGRAPH  
in English 20 May 89 p 4

[Text] The battle to prevent an AIDS epidemic in Britain was "hanging in the balance", Mr Mellor, Health Minister, said yesterday.

Speaking to other European ministers at a London conference on drugs, he said AIDS was being spread by drug addicts infected with the HIV virus.

It had begun with homosexual drug addicts acquiring the disease. They acted as "a bridgehead" to spread the virus to the population at large.

Mr Mellor, who was addressing the second day of the Pompidou Group meeting, said AIDS had not spread as fast in Britain as had been expected. But the Government believed this was only a temporary lull.

More than 2,000 people are suffering from full-blown AIDS and 1,200 have died.

"We are very much on the balance as to whether or not there is to be established a real epidemic which will spread through the population," he said.

The homosexual community had done much to protect itself from AIDS. An epidemic would happen only if the disease became well established in the heterosexual population. This could happen through intravenous drug abuse.

"One of the key ways we should be able to prevent AIDS becoming an epidemic is to try to contain the extent of the spread among homosexual drug addicts," Mr Mellor said.

Measures to counter the spread of the disease included needle exchange schemes to ensure that addicts did not share needles.

The European ministers agreed to step up action to curb drug-trafficking. They agreed to a British proposal for an international conference in 1990 on how to reduce the demand for cocaine.

All countries agreed to take urgent action to confiscate the assets of drug smuggling. But Luxembourg, Belgium and France said this would take time because they had constitutional or legal difficulties.

Mr Hogg, Home Office Minister, who will visit America next week to see how it is dealing with the threat of "crack", the cocaine derivative, said almost all governments recognised the importance of agreements to confiscate the profits of drug barons.

**Progress in Measles, Polio Immunization Drives**  
54500112 London *THE DAILY TELEGRAPH*  
*in English 3 May 89 p 2*

[Article by David Fletcher]

[Text] The number of cases of measles notified in the first three months of the year is lower than at any time

since figures were first kept in 1944, Sir Donald Acheson, the Government's Chief Medical Officer, announced yesterday.

In addition he said that rubella or German measles had failed to show the usual marked increase at this time of year following a major Government campaign to increase child immunisation.

Sir Donald has sent a letter of congratulations to eight health districts which have achieved the target of vaccinating at least 90 per cent of children against measles and polio.

A total of 96 of nearly 200 health districts have succeeded in immunising 90 per cent or more children against polio, but only eight have so far reached the target of immunising 90 per cent against polio and measles.

Sir Donald said: "For many years the UK has lagged behind a number of other countries in childhood immunisations.

"In 1985 we adopted the World Health Organisation's goal of eliminating infectious childhood diseases by achieving 90 per cent uptake for polio, measles, whooping cough, diphtheria and tetanus vaccines.

"The achievement of the 90 per cent target demonstrates that the challenge set by the WHO is being responded to."

The eight districts singled out for special praise are West Cumbria, Wycombe, Oxford, Exeter, North Devon, Somerset, Chichester, South West Hants and Southampton.

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